

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/587526</b>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		3		1			54						
5		4		1			55						
6		5		1			56						
7		6		1			57						
8		7		1			58						
9		8		1			59						
10		9		1			60						
11		10		1			61						
12		11		1			62						
13		12		1			63						
14		13		1			64						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	13	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			14				TOTAL CLAIMS						